PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed of	herwise in Block 1, by (a) specifying a new co	rrespondence address	; and/or	(b) indicating a sepa	rate "FEE ADDRESS" fo
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	lock 1 for any change of address)]	Note: A certificate of ec(s) Transmittal. The sapers. Each additions save its own certificat	mailing is certif al paper, e of mai	can only be used for icate cannot be used for such as an assignment ling or transmission.	r domestic mailings of the or any other accompanying nt or formal drawing, mus
27752		0/2008		Ce	rtificate	of Mailing or Transi	nission
INTELLECTUA	BUSINESS CENT	VISION - WEST BI	LDG.	hereby certify that the States Postal Service of ddressed to the Mai ransmitted to the USF	nis Fee(s with suf I Stop TO (57	s) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the da	deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
CINCINNATI,			Į.	Firek	0	Squeene	(Depositor's name)
			ļ	Luch	100	Lucence	(Signature)
			l		123	108	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/619,656	07/15/2003	•	Klaus Hilbig			CM2504RQ	7175
		BOSSED TISSUE PAPE				*******	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300			\$1740	09/02/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
FORTUN		1791	162-117000				
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 3/122) attached. ication (or "Fee Address 12 or more recent) attach	" Indication form acd. Use of a Customer	(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent a listed, no name will	ngle firm (having as a or agent) and the nam ttorneys or agents. If be printed.	nt attorn	era 2 DAVID	T. NGUYEN M. WEIRICH D. MEYER
(A) NAME OF ASSIS	ess an assignee is ident h in 37 CFR 3.11. Com GNEE & Gamble Comp	ified below, no assignee pletion of this form is NO any	data will appear on the T a substitute for filing (B) RESIDENCE: (CI Cincinnati, C	e patent. If an assign an assignment. TY and STATE OR O	COUNT	RY)	cument has been filed for
Please check the appropr	iate assignee category or	categorics (will not be pr	rinted on the patent):	☐ Individual ☐ Co	orporatio	on or other private grou	ap entity Government
Advance Order - #	lo small entity discount p	ocrmitted)	D. Payment of Fee(s): (P A check is enclose Dynament by credit The Director is here overpayment, to De	f. card. Form PTO-2038	is attac	ched.	hown above) iciency, or credit any extra copy of this form).
	s SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no I				
NOTE: The Issue Fee and interest as shown by the i	d Publication Fce (if requeened of the United Sta	uired) will not be accepted tes Patent and Trademark	d from anyone other that Office.	n the applicant; a regi	stcred a	ttomey or agent; or the	assignee or other party in
Authorized Signature	O/A_ Peter	T Nauve		Date	123	5/4 58,282	
This collection of informa an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 C iality is governed by 35 I application form to the ons for reducing this bur- inginia 22313-1450. DC 13-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	on is required to obtain on 1.14. This collection is depending upon the interpretation Off COMPLETED FORMS	or retain a benefit by to estimated to take 12 a dividual case. Any co- icer, U.S. Patent and TO THIS ADDRESS	he publi ninutes mments Tradema S. SEND	c which is to file (and to complete, including on the amount of tim ark Office, U.S. Depar TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete trient of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM

Address to:		Fax to:
Mail Stop M Correspondence		571-273-6500
Commissioner for Patents	-OR-	
D O D 4450		

P. O. Box 1450 Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

X Customer Number 000124 (MASTER DATA CENTER)

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/619,656

The undersigned is an attorney or agent of record.

V Signature
Name: Peter T. Nguyen

Title: Attorney
Registration No. <u>58,282</u>

June <u>∠3, 2008</u> Date

Telephone No.: (513) 634-4268 Customer Number: 27752